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TITLE 9. HEALTH SERVICES
CHAPTER 25. DEPARTMENT OF HEALTH SERVICES
EMERGENCY MEDICAL SERVICES

ARTICLE 6. STROKE CARE

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R9-25-601. Definitions (Authorized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(1) and (3))

In addition to the definitions in A.R.S. § 36-2201 and R9-25-101, the following definitions apply in this Article, unless otherwise specified:

1. "Acute stroke-ready hospital" means a hospital that is certified by a national stroke center certification organization as meeting national stroke care standards for the initial assessment, diagnosis, stabilization, and either:
   a. Transfer of a stroke patient to a primary stroke center or comprehensive stroke center, or
   b. Care of a stroke patient with input from the staff of a primary stroke center or comprehensive stroke center.
2. "Comprehensive stroke center" means a hospital that is certified by a national stroke center certification organization as meeting national stroke care standards for the assessment, diagnosis using advanced imaging devices, and treatment of stroke patients with complex cases of ischemic stroke, caused by the loss of the blood supply to a part of the brain, or hemorrhagic stroke, caused by bleeding into a part of the brain.
~~1.~~3. "Council" means the emergency medical services council established under A.R.S. § 36-2203.
4. "Health care provider" means an individual licensed according to A.R.S. Title 32, Chapter 13, 15, 17, 19, 25, or 34.
~~2.~~5. "Local EMS coordinating system" means the same as in A.R.S. § 36-2210.
~~3.~~6. "National stroke care standards" means criteria for the assessment and treatment of stroke that are consistent with guidelines established by the American Stroke Association, a division of the American Heart Association that focuses on reducing the impact of stroke.
~~4.~~7. "National stroke center certification organization" means an entity:
   a. Such as:
      i. The Joint Commission;
      ii. The Healthcare Facilities Accreditation Program; ~~or~~
      iii. Det Norske Veritas Healthcare, Inc.; or
      iv. The American Stroke Association;
   b. That assesses the compliance of a hospital with national stroke care standards; and
   c. That documents hospitals that meet national stroke care standards.

Commented [RS1]: Definition needed due to Laws 2015, Ch. 130 (A)(1).

Commented [RS2]: Definition needed due to Laws 2015, Ch. 130 (A)(1).

Commented [RS3]: Definition needed due to Laws 2015, Ch. 130 (B).

Commented [RS4]: Clarification

Commented [RS5]: Change made to comply with Laws 2015, Ch. 130 (A)(2)

~~5.~~8. "Primary stroke center" means a hospital that ~~meets~~ is certified by a national stroke center certification organization as meeting national stroke care standards~~, as determined by a national stroke center certification organization~~ for the assessment, diagnosis, and treatment of stroke patients.

~~6.~~9. "Stroke patient" means an individual who has signs or symptoms of a stroke and is receiving assessment or treatment for a stroke.

10. "Transport" means the same as in A.A.C. R9-10-101.

Commented [RS6]: Definition revised to distinguish from comprehensive stroke centers and acute stroke-ready hospitals.

Commented [RS7]: Definition added to clarify the meaning of the term.

R9-25-602. Emergency Stroke Care Protocols (Authorized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(1) and (3))

A. The council shall:

1. Establish emergency stroke care protocols, and
2. Support the adoption of emergency stroke care protocols by emergency medical services providers through local EMS coordinating systems.

B. The council shall ensure that emergency stroke care protocols:

1. Are developed and implemented in coordination with:
   a. Local EMS coordinating systems,
   b. National organizations that focus on heart disease and stroke,
   c. Emergency medical ~~service~~ services providers, and
   d. Health care providers;
2. Include procedures for the pre-hospital assessment and treatment of stroke patients;
3. Provide for transport of stroke patients to the most appropriate emergency receiving facility, consistent with A.R.S. § 36-2205(E), taking into account the:
   a. Needs of a stroke patient;
   b. Availability of resources in urban areas, suburban areas, rural areas, and wilderness areas;
   c. Capability of an emergency receiving facility to practice telemedicine, as defined in A.R.S. § 36-3601, with specialists in stroke care;
   d. Location of emergency receiving facilities that:
      i. Are:
         (1) Acute stroke-ready hospitals,
         (2) ~~primary~~ Primary stroke centers, or
         (3) Comprehensive stroke centers; and

Commented [RS8]: Change made to comply with Laws 2015, Ch. 130 (A)(1).

ii. Participate in quality improvement activities, including the submission to a statewide not-for-profit organization dedicated to coordinating and improving stroke care in Arizona of data on stroke care provided by the emergency receiving facility ~~that may be compiled on a statewide basis~~;

e. Capability of an emergency receiving facility that is not a primary stroke center or comprehensive stroke center to stabilize a stroke patient before initiating a transfer to a primary stroke center or comprehensive stroke center;

f. Capability of an emergency receiving facility that is not a primary stroke center or comprehensive stroke center to stabilize and admit a stroke patient; and

g. Distance and duration of transport;

4. Are consistent with national stroke care standards; and

5. Are based on data on stroke care from:

a. National organizations that focus on heart disease and stroke,

b. U.S. Department of Transportation, National Highway Traffic Safety Administration; and

c. Statewide data on stroke care, as available.

C. The council shall review and update, as necessary, the emergency stroke care protocols in subsection (A) ~~at least once every three years~~ after seeking input from:

1. Local EMS coordinating systems,
2. National organizations that focus on heart disease and stroke,
3. Nonprofit organizations that focus on the development of stroke systems of care,
4. Emergency medical services providers, and
5. Health care providers.

Commented [RS9]: Clarification of the type of entity that would be compiling the data.

Commented [RS10]: Change made to comply with Laws 2015, Ch. 130 (B).